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PTO/SB/82 (10-00)

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## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/043,574
Filing Date	January 9, 2002
First Named Inventor	Kaminsky, David L.
Group Art Unit	
Examiner Name	
Attorney Docket Number	TV-001-US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

A Power of Attorney or Authorization of Agent is submitted herewith.

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Name	BIRGIT MEISSNER
Signature	
Date	2/27/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/043,574
Filing Date	January 9, 2002
First Named Inventor	Kaminsky, David L.
Title	Methods and Apparatus
Group Art Unit for	Exchanging Coded Infor
Examiner Name	
Attorney Docket Number	TV-001-US

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Practitioner(s) named below:

Name	Registration Number
Mitchell Rosenfeld	36,258

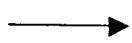
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	BIRGIT HEISSNER
Signature	<i>Birgit Heissner</i>
Date	2/27/02

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PTO/SB/21 (08-00)

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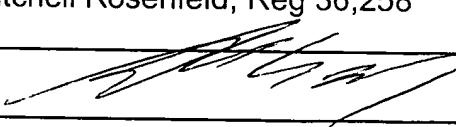
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	Application Number	10/043,574	
	Filing Date	01/09/2002	
	First Named Inventor	Kaminsky, David L.	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	10	Attorney Docket Number	TV-001-US

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
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Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Mitchell Rosenfeld, Reg 36,258
Signature	
Date	02/25/2002

**CERTIFICATE OF MAILING**

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Typed or printed name	LORRAINE M. MURPHY		
Signature	Lorraine M. Murphy	Date	3/1/02

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